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Experiencing pregnancy: Joy or pain?

Gulden Aynacı
Department of Obstetrics and Gynecology, Health Science Undergraduate School, Trakya University, Edirne, Turkey

Abstract
Aim: Pregnancy is a natural phenomenon and brings many psychological and social changes. Pregnancy is a unique life experience. The pregnancy period is expected to be a positive and satisfying time, bringing new life to the world; however, pregnant women may also experience some disorders. The aim of the study was to evaluate the quality of maternal well-being and the necessity of optimal care interventions in the follow-up of pregnant women.
Material and Methods: Our study was conducted from December 2020 to November 2021 with pregnant volunteers who presented to the Trakya University Hospital. The PES-Brief was administered.
Results: The study included 378 volunteers. There were positive correlations between uplifts frequency scores and motivation to breastfeed. Uplifts scores were lower among those who stated that pregnancy tired them. There was a statistically significant relationship between long-term breastfeeding plans and high hassles scores.
Discussion: Our study demonstrated that the PES-Brief can be used to identify women with less planned pregnancies who are at increased risk of possibly pregnancy negativity. Its application in routine pregnancy checks and maternity care will improve the identification of women.

Keywords
Pregnancy Experience, Uplifts, Hasless, Maternal Well-Being

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Corresponding Author: Gulden Aynacı, Department of Obstetrics and Gynecology, Health Science Undergraduate School, Trakya University, Edirne, Turkey.
E-mail: guldenaynaci@trakya.edu.tr P: +90 507 979 95 06
Corresponding Author ORCID ID: https://orcid.org/0000-0002-2112-8631

Introduction

The pregnancy period, which is specific for each woman, is expected to be a positive and satisfying time, bringing new life to the world; however, pregnant women may also experience some physical and psychological disorders [1]. The quality of life of pregnants may be adversely affected by changes and discomfort experienced during pregnancy.

The pregnancy experience interacts with environmental factors such as family, culture, religion, social, and economic conditions. In this period, the role change of a pregnant women to motherhood, the presence of role models around the woman, whether the pregnancy was planned, having enough information about pregnancy and childbirth, and concept of self are some of the factors affecting pregnancy acceptance. Women who have more positive emotions during pregnancy have calmer pregnancies [2].

Studies on the potential effects of maternal psychological stress on the developing fetus, pregnancy, and infants are valuable [3,4]. It is particularly difficult to capture and accurately evaluate all experiences of pregnant women.

Our study examined the necessity of assessing the quality of maternal well-being and the requirement for increasing evidence-based patient care interventions. We tried to draw attention to the necessity of health workers to examine the stress levels and anxiety of pregnant women.

Material and Methods

Setting and Sample

Our study was conducted between December 2020 and November 2021 with pregnant volunteers who presented to the Perinatology Clinic of Trakya University. The women were questioned about their sociodemographic characteristics, and the Pregnancy Experience Scale-Brief version (PES-Brief) was administered.

Study Design and Measurements

With the practical use of PES-Brief in clinics, the necessity for providing positive support to pregnant women, especially in needy pregnancies, was evaluated.

The inability to solve problems during pregnancy limits the potential benefits of a good pregnancy. The scale measures daily exposure to ongoing challenges and pregnancy-specific changes, and contributes to measuring the impact on maternal health [5,6]. Pes-brief is used to evaluate pregnancy experience affecting maternal physiological arousal. Assessments of pregnancy-specific stress or examining such a measure within a range of psychosocial evaluations will help to improve the quality of maternal care.

Ethical Consideration

Approval for this study was obtained from Trakya University Ethics Committee on Scientific Research.

Data Analysis

All statistical analyses were performed using the Turcosa package program. The level of significance was determined as 0.05 in all statistical analyses.

Results

The study included 378 volunteers who presented to the Perinatology Clinic of Trakya University Hospital for pregnancy checks. Pregnant women were between the ages of 19 and 45. The mean gestational age of the pregnants in our study was 31.57±8.06 weeks; 119 (31.48%) women had their first pregnancy; 52 (13.75%) women had four and more pregnancies. One hundred twenty-eight (33.86%) women had no living children; 148 (39.15%) participants had one living child.

Two hundred sixty-four pregnant women came for routine pregnancy checks; 28 pregnant women were treated for gestational hypertension and/or preeclampsia. The number of patients followed for gestational diabetes was 28 (7.40%).

Individual clinical features were examined; 309 (80.95%) had never had abortions in their previous pregnancies. The number of women who had abortions at least once was 69 (18.25%).

The participants were asked whether they were spiritually exhausted; 224 (59.25%) stated that pregnancy was a problem, 154 (40.74%) stated that pregnancy was not a burden for them. The pregnants were asked whether they were happy to be pregnant, and 348 (92.06%) participants reported that they were.

The participants were asked how long they thought that they would give breast milk when their babies were born; 202 (53.43%) pregnant women thought that they would give breast milk for two years, 161 (42.59%) thought that they would give breastmilk for 1-2 years, and 15 (3.96%) women thought that they would give breast milk for less than 1 year.

1. PES-Brief, first part: Uplifts

This was examined in two dimensions. There was a significant relationship between occupations, with the uplifts frequency score. The scores of housewives were higher than those of civil servants and academics (p=0.038). Positive correlations were found between uplifts frequency scores and fatigue and motivation to breastfeed. Uplifts frequency scores were lower among those who stated that pregnancy tired them. Pregnant women who received high scores on the PES-Brief thought that they could breastfeed their babies for a long time (p<0.001). Pregnant women whose PES-Brief uplifts density scores were high thought that they could breastfeed for a longer period (p<0.001).

2. PES-Brief, second part: Hassles

There was a statistically significant relationship between chronic disease entities, long-term breastfeeding plans, and high hassles scores (p<0.001).

Negative socio-cultural conditions affecting pregnancy were associated with high hassles scores. It was observed that pregnancy was seen as a process that communicates with the environment and maternal welfare had positive effects on pregnancy.

3. PES-Brief, third part: Frequency and density ratios

The frequency and intensity ratios and participant-dependent parameters were compared. As income level decreased, education level decreased, and negative scores from PES-Brief also increased (p<0.001) (Table 1).

Qualitative values of the pregnant women were examined individually. As the number of participants' previous pregnancies decreased, the number of those who stated that their baby's movements made them happy was higher. Those who were pregnant for the first time were most likely to feel happy, especially when they felt infant movements (p=0.018). However,

Table 1. Qualitative values (Pearson Chi-square)

Parameters and p-value	Pregnancy Number	Disorders because of pregnancy	Occupation	Previous miscarriage
Uplifts Questions				
1	0.018*	0.025*	<0.001*	0.002*
2	0.819	0.311	0.004*	0.060
3	0.234	0.053	0.933	0.001*
4	0.166	0.029*	0.105	0.189
5	0.625	0.002	0.056	0.951
6	0.238	0.226	0.001	0.097
7	0.981	0.196	0.072	0.295
8	0.490	0.054	0.271	0.589
9	0.067	0.093	0.034*	0.041*
10	0.562	0.474	0.442	0.109
Hassles Questions				
1	0.003*	0.041	0.232	0.755
2	0.408	0.118	0.696	0.038*
3	0.711	0.001*	0.156	0.710
4	0.454	<0.001*	0.797	0.649
5	0.046*	0.005*	0.207	0.141
6	<0.001*	0.126	0.620	0.065
7	0.008*	0.049	0.384	0.276
8	0.581	0.059	0.548	0.110
9	0.547	0.006*	0.009*	0.486
10	0.498	0.004*	0.054	0.021*

* Statistical significance

Table 2. Participants' qualitative values and PES- Brief sub-scores (Pearson Chi-square)

Parameters	Number of children	Fatigue	Happiness because of being pregnant	Breastfeeding planning for babies
Uplifts Questions				
1	0.001*	0.248	0.494	<0.001*
2	0.033*	0.017*	0.568	<0.001*
3	0.908	0.469	0.251	<0.001*
4	0.571	0.880	0.519	0.005*
5	0.010*	0.283	0.016*	<0.001*
6	0.573	<0.001*	0.005*	0.018*
7	0.059	0.099	0.987	0.001*
8	0.442	0.051	0.288	0.068
9	0.002*	0.067	0.193	<0.001*
10	0.081	0.316	0.554	0.013*
Hassles Questions				
1	0.001*	0.248	0.494	<0.001*
2	0.033*	0.017*	0.568	<0.001*
3	0.908	0.469	0.251	<0.001*
4	0.571	0.880	0.519	0.005*
5	0.010*	0.283	0.016*	<0.00*
6	0.573	<0.001*	0.005*	0.018*
7	0.059	0.099	0.987	0.001*
8	0.442	0.051	0.288	0.068
9	0.002*	0.067	0.193	<0.00*
10	0.081	0.316	0.554	0.013*

* Statistical significance

there were more concerns about confinement in this group (p=0.008). Those with their first pregnancy had a tendency to respond to the change in their body more moderately and to worry less (p=0.046).

4. Sociodemographic parameters and PES-Brief Questions point-by-point

PES-Brief scores were evaluated according to the number of children of the pregnant women. A statistically significant relationship was found in question 4 in the uplifts section (p=0.035); the thought of nursery arrangements made pregnant women who had no children the most happy. In terms of hassles, there was a difference in question 6 (p=0.031). The thought of the appearance of babies made those who had no living children worried.

Among the women who were happy to be pregnant, it was observed that they perceived quality of life better and they felt happy (p=0.005) (Table 2).

Those who planned to give breast milk for a long time had high PES-Brief uplifts scores. During pregnancy, they felt happy, positive or uplifted 'How much the baby is moving,' 'Discussions with the spouse about baby names,' were highly motivational for giving breast milk (p<0.001) (Table 2).

Only routine pregnancy checks increased PES-Brief scores as the age of the participants increased (p=0.007). As the age of the participants increased, the changes in their bodies during pregnancy made them more unhappy (p=0.026).

Discussion

There are many studies using PES-Brief in various populations. The comorbidities of depressive and anxiety disorders add significantly more negative value to pregnancy [7].

It was reported that those who had higher PES-Brief uplifts scores had more positive attachment to their baby [1,5]. In addition, the relationship between higher PES-Brief scores is associated with higher fetal well-being.

Several studies have investigated prenatal depressive symptoms in working women or discussed the relationship between occupational factors and prenatal well-being [1,8]. Perceived factors related to working life among pregnant women were found to be significantly associated with antenatal depressive symptoms. Workplace conditions and benefits have been reported to be important factors to consider in the assessment of prenatal psychosocial well-being [9]. After improvements have been made to address factors known to be associated with poor mood, pregnant women should be provided with optimal conditions at work.

The results showed that PES scores of working women were not better than those of housewives. Our study has demonstrated the need to facilitate the implementation of a supportive workplace climate by employers and occupational health experts.

Maternal fatigue has been examined in different studies. The rate and severity of fatigue vary depending on the measurement tools, the time point of measurement in pregnancy, and the country of the study. It was found that 94.6% of pregnant women experienced fatigue symptoms. In another study, the fatigue rate of pregnant women was less than 50% [10]. The

rate of pregnant women with fatigue was 59.25%. PES-Brief scores were lower in those who reported high fatigue levels.

Poor psychological well-being of mothers is a risk factor for late onset of breastfeeding and insufficient desire. Studies show that breastfeeding decreases in women with weak psychological conditions, and they start breastfeeding late. Socioeconomic difficulties reduce breastfeeding.

The motivation for breastfeeding was higher among women who shared their pregnancy experiences with their family. In addition to increasing maternal health, healthcare providers will provide additional care support to pregnant women who have been evaluated with PES-Brief and have low scores, which will increase the chances of babies to receive breast milk. Having a conscious and prosperous pregnancy will contribute to conscious puerperium and breastfeeding. Health professionals should ensure the healthy adaptation of the pregnant woman and her family to the pregnancy.

Conclusion

Our study demonstrated that the PES-Brief scale can be used to identify women with less planned pregnancies who are at increased risk of possible negative side effects of pregnancy.

After identifying pregnant women at risk, health workers can provide additional advice and support to ensure that they have access to adequate care and preventive practices. The prenatal PES-Brief score can be used to mark women at risk of postpartum psychological wear who need to be evaluated after childbirth.

Our findings are related to family planning, evaluation of maternal well-being during pregnancy and postpartum; It supports new ideas in societies with limited socioeconomic opportunities. Access to qualified birth processes by societies with low financial means should be increased. Our study can be used to improve reproductive, maternal, and child health policies.

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Scientific Responsibility Statement

The authors declare that they are responsible for the article's scientific content including study design, data collection, analysis and interpretation, writing, some of the main line, or all of the preparation and scientific review of the contents and approval of the final version of the article.

Animal and human rights statement

All procedures performed in this study were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. No animal or human studies were carried out by the authors for this article.

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Conflict of interest

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